

PATENT APPLICATION FEE DETERMINATION RECORD  
Effective October 1, 2003

Application or Docket Number

10722906  
5656/825

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

|                                  |                 |                          |
|----------------------------------|-----------------|--------------------------|
| TOTAL CLAIMS                     | 57              |                          |
| FOR                              | NUMBER FILED    | NUMBER EXTRA             |
| TOTAL CHARGEABLE CLAIMS          | 57 - minus 20 = | * 37                     |
| INDEPENDENT CLAIMS               | 8 - minus 3 =   | * 5                      |
| MULTIPLE DEPENDENT CLAIM PRESENT |                 | <input type="checkbox"/> |

\* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

| AMENDMENT A                                    |             | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |                          |                        |
|--|-------------|---|-------|---|------------------|--------------------------|------------------------|
|  |             |   |       |   |                  | RATE                     | ADDI-<br>TIONAL<br>FEE |
|  | Total       | *   | Minus | **  | =                |                          |                        |
|  | Independent | *   | Minus | ***   | =                |                          |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |             |   |       |   |                  | <input type="checkbox"/> |                        |

SMALL ENTITY  
TYPE  OR OTHER THAN  
SMALL ENTITY

|           |        |              |         |
|-----------|--------|--------------|---------|
| RATE      | FEES   | RATE         | FEES    |
| BASIC FEE | 385.00 | OR BASIC FEE | 770.00  |
| X\$ 9=    |        | OR X\$18=    | 666.00  |
| X43=      |        | OR X86=      | 430.00  |
| +145=     |        | OR +290=     |         |
| TOTAL     |        | OR TOTAL     | 1866.00 |

SMALL ENTITY  
OTHER THAN  
SMALL ENTITY

|                  |                        |                     |                        |
|------------------|------------------------|---------------------|------------------------|
| RATE             | ADDI-<br>TIONAL<br>FEE | RATE                | ADDI-<br>TIONAL<br>FEE |
| X\$ 9=           |                        | OR X\$18=           |                        |
| X43=             |                        | OR X86=             |                        |
| +145=            |                        | OR +290=            |                        |
| TOTAL ADDIT. FEE |                        | OR TOTAL ADDIT. FEE |                        |

| AMENDMENT B                                    |             | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |                          |                        |
|--|-------------|---|-------|---|------------------|--------------------------|------------------------|
|  |             |   |       |   |                  | RATE                     | ADDI-<br>TIONAL<br>FEE |
|  | Total       | *   | Minus | **  | =                |                          |                        |
|  | Independent | *   | Minus | ***   | =                |                          |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |             |   |       |   |                  | <input type="checkbox"/> |                        |

|                  |                        |                     |                        |
|------------------|------------------------|---------------------|------------------------|
| RATE             | ADDI-<br>TIONAL<br>FEE | RATE                | ADDI-<br>TIONAL<br>FEE |
| X\$ 9=           |                        | OR X\$18=           |                        |
| X43=             |                        | OR X86=             |                        |
| +145=            |                        | OR +290=            |                        |
| TOTAL ADDIT. FEE |                        | OR TOTAL ADDIT. FEE |                        |

| AMENDMENT C                                    |             | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |                          |                        |
|--|-------------|---|-------|---|------------------|--------------------------|------------------------|
|  |             |   |       |   |                  | RATE                     | ADDI-<br>TIONAL<br>FEE |
|  | Total       | *   | Minus | **  | =                |                          |                        |
|  | Independent | *   | Minus | ***   | =                |                          |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |             |   |       |   |                  | <input type="checkbox"/> |                        |

|                  |                        |                     |                        |
|------------------|------------------------|---------------------|------------------------|
| RATE             | ADDI-<br>TIONAL<br>FEE | RATE                | ADDI-<br>TIONAL<br>FEE |
| X\$ 9=           |                        | OR X\$18=           |                        |
| X43=             |                        | OR X86=             |                        |
| +145=            |                        | OR +290=            |                        |
| TOTAL ADDIT. FEE |                        | OR TOTAL ADDIT. FEE |                        |

- If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.